September 14, 2004

Internal Revenue Service
P. O. Box 192
Covington, Kentucky 41012-0192

To Whom It May Concern:

The enclosed articles of incorporation and by laws of the 38th Officer Candidate Course / Basic Class 3-66, United States Marine Corps, Alumni Incorporated are complete and accurate copies of the original signed and dated documents which were filed with and approved by the Secretary of the Commonwealth of Massachusetts on July 22, 2004.

Respectfully,

Walter H. Flynn, Jr. Treasurer

9 Regina Road

Weymouth, Massachusetts 02188-2717

(781) 335-7363 (Home)

(617) 974-8199 (Cell)

User Fee for Exempt Organization Determination Letter Request

	For	OMB No. 1545-1798
	IRS Use	Control number
Į	Only	User fee screener

	mber 2003)	- Communication Lotter Request	F	CONTROL HUMBER
Department of the Treasury Internal Revenue Service		 Attach this form to determination letter application. (Form 8718 is NOT a determination letter application.) 	Use Only	Amount paid User fee screener
Name of	organization 3	87H OFFICER CANDIDATE COURSE / BASK CLASS 2 Employer Identifica	tion N	umber
	<u> </u>	TATES MARNE CORPS, ALUMNI INCORPORATED 54 2099		
Cái	ution: Do not	attach Form 8718 to an application for a pension plan determination letter. Use	e For	m 8717 instead
	e of request			Fee
a 🔀	Initial reque	est for a determination letter for:		
a yes	•			
	preceding	pt organization that has had annual gross receipts averaging not more than I years, or	\$10,	000 during the
	A new or	ganization that anticipates gross receipts averaging not more than \$10,000 duri	ng its	first 4 years ▶ \$150
	Note: If yo	u checked box 3a, you must complete the Certification below.	5	
	STATES	Certification It the annual gross receipts of 3811 OFFICEX CANDIDATE ON USE BIBIC MARINE CORPS, ALUMNI INCORPORATED name of organization ged (or are expected to average) not more than \$10,000 during the precedir		•
b [have avera operation. Signature Initial reque An exem 4 years or A new or	t the annual gross receipts of 3871 OFFICER CANDIDATE COURSE BESIC MARNINE CORPS, ALUMNI INCORPORATED name of organization ged (or are expected to average) not more than \$10,000 during the preceding	ıg 4 (————	or the first 4) years of

Instructions

The law requires payment of a user fee with each application for a determination letter. The user fees are listed on line 3 above. For more information, see Rev. Proc. 2003-8, 2003-1, I.R.B. 236, or latest annual update.

Check the box or boxes on line 3 for the type of application you are submitting. If you check box 3a, you must complete and sign the certification statement that appears under line 3a.

Attach to Form 8718 a check or money order payable to the "United States Treasury" for the full amount of the user fee. If you do not include the full amount, your application will be returned. Attach Form 8718 to your determination letter application.

Generally, the user fee will be refunded only if the Internal Revenue Service declines to issue a determination.

Where To File

Send the determination letter application and Form 8718 to:

Internal Revenue Service P.O. Box 192 Covington, KY 41012-0192

If you are using express mall or a delivery service, send the application and Form 8718 to:

Internal Revenue Service 201 West Rivercenter Blvd. Attn: Extracting Stop 312 Covington, KY 41011

Paperwork Reduction Act Notice. We ask for the information on this form to carry out the Internal Revenue laws of the United States, If you want your organization to be recognized as tax-exempt by the IRS, you are required to give us this information. We need it to determine whether the organization meets the legal requirements for tax-exempt STATUS STATUS STATES ST

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of Form 8718 are covered in Code section 6104.

The time needed to complete and file this form will vary depending on individual circumstances. The estimated average time is 5 minutes. If you have comments concerning the accuracy of this time estimate or suggestions for making this form simpler, we would be happy to hear from you. You can write to the Tax Products Coordinating Committee, Western Area Distribution Center, Rancho Cordova, CA 95743-0001. Do not send this form to this address. Instead, see Where To File above.

38TH OCC / BC 3-66 ALUMNI	Date 2	0152 /14/04 68-7497/2560	
PAY POTHE ORDER OF <i>United States Trep</i>			THE CONTRACTOR OF THE CONTRACT
OTHE OF UNITED STATES TREA ONE HUNSRES FIFTY AND	No/100-	— Dollars & Sal	
NAVY FEDERAL CREDIT UNION WWW.NAVYFGU.ORG		-101 6	A CONTRACTOR OF THE CONTRACTOR
rom 1:2560749741:015202752949	كيكس	// / M	TO THE STATE OF TH

Form 1024

(Rev. September 1998)

Department of the Treasury Internal Revenue Service

Application for Recognition of Exemption Under Section 501(a)

OMB No. 1545-0057

If exempt status is approved, this application will be open for public inspection.

Read the instructions for each Part carefully. A User Fee must be attached to this application.

If the required information and appropriate documents are not submitted along with Form 8718 (with payment of the appropriate user fee), the application may be returned to the organization.

Complete the Procedural Checklist on page 6 of the instructions.

Par	t I. Identification of Applicant (Must be completed by all Submit only the schedule that applies to your organization)	applicants; also cor ation. Do not submit	nnlete appropriate schedule)
Che	ck the appropriate box below to indicate the section under which the	organization is applying	g:
а	Section 501(c)(2)—Title holding corporations (Schedule A, page	: 7)	3
b	Section 501(c)(4)—Civic leagues, social welfare organizations (in employees (Schedule B, page 8)		erans' organizations), or local associations of
¢	Section 501(c)(5)—Labor, agricultural, or horticultural organization	ons (Schedule C. page !	9)
d	Section 501(c)(6)—Business leagues, chambers of commerce, e	etc. (Schedule C. page 9	9)
e	Section 501(c)(7)—Social clubs (Schedule D, page 11)	The second of page	-,
f	Section 501(c)(8)—Fraternal beneficiary societies, etc., providing	life, sick accident or ot	her henefits to members (Schedule E. page 12)
g	Section 501(c)(9)—Voluntary employees' beneficiary association	is (Parts I through IV an	d Schedule E. page 14)
h	Section 501(c)(10)—Domestic fraternal societies, orders, etc., n	ot providing life, sick, a	Coldent or other benefits (Schedule E. page 13)
i	Section 501(c)(12)—Benevolent life insurance associations, mut companies, or like organizations (Schedule G, page 15)	ual ditch or irrigation co	impanies, mutual or cooperative telephone
i	Section 501(c)(13)—Cemeteries, crematoria, and like corporatio	ns (Schadula II. naga 1	e) ,
k	Section 501(c)(15)—Mutual insurance companies or association		
1	Section 501(c)(17)—Trusts providing for the payment of supplemental un	nemployment companyation	herofits (Ports I through IV and Schoolids I 10)
m	Section 501(c)(19)—A post, organization, auxiliary unit, etc., of past or pu	resent members of the Arm	r benefits (Faits I through IV and Schedule J, page 18)
n	Section 501(c)(25)—Title holding corporations or trusts (Schedu	le A. page 7)	led Forces of the Officed States (Schedule K, page 19)
1a	Full name of organization (as shown in organizing document) 387H OFFICEIR CANDINATE COURSE / BASIC.	CLASS 3-66	2 Employer identification number (EIN) (if none, see Specific Instructions on page 2)
	INITED STATES MARINE CORPS, ALUMNI	INCORPORATEIN	54: 2099257
1b	c/o Name (if applicable)		3 Name and telephone number of person to be
			contacted if additional information is needed
1c	Address (number and street)	Room/Suite	WATER IL CIVINI SO
2	KEGINA KOAN		WALTER H. FLYNN, JR.
1d	City, town or post office, state, and ZIP + 4 If you have a foreign a Instructions for Part I, page 2.	address, see Specific	
4	UEYMOUTH MASSACHUSETTS 02188-2717		(781) 335-7363
1e		counting period ends	5 Date incorporated or formed
W	WW.USMC-THE BASKSCHOOL-1968 DECEMBER		7/22/2004
6	Did the organization previously apply for recognition of exemption under the "Yes," attach an explanation.	nis Code section or under	
7			
•	Has the organization filed Federal income tax returns or exempt org If "Yes," state the form numbers, years filed, and Internal Revenue of	anization information re office where filed.	turns?
8	Check the box for the type of organization. ATTACH A CONFORMITHE APPLICATION BEFORE MAILING.	ED COPY OF THE COR	RRESPONDING ORGANIZING DOCUMENTS TO
а	☑ Corporation— Attach a copy of the Articles of Incorporation (in	cluding amendments ar	ad restatements) showing approval by the
	appropriate state official; also attach a copy of t	he bylaws.	id restatements) showing approval by the
b	Trust— Attach a copy of the Trust Indenture or Agreeme	-	riate signatures and dates
C			
	Association— Attach a copy of the Articles of Association, Const	itution, or other creating.	document with a declaration (con instructions) or
	other evidence that the organization was formed b	y adoption of the docum	document, with a declaration (see instructions) or ent by more than one person. Also include a copy
	other evidence that the organization was formed b of the bylaws.	y adoption of the docum	ent by more than one person. Also include a copy
	other evidence that the organization was formed be of the bylaws. If this is a corporation or an unincorporated association that has not lecture under the genalties of periory that I am authorized to sign the state of the sta	y adoption of the docum t yet adopted bylaws, cl	ent by more than one person. Also include a copy meck here
PI F	other evidence that the organization was formed be of the bylaws. If this is a corporation or an unincorporated association that has not a declare under the genalties of perjury that I am authorized to sign the application, including the application, including the application.	y adoption of the docum t yet adopted bylaws, cl	ent by more than one person. Also include a copy meck here
PLE.	other evidence that the organization was formed be of the bylaws. If this is a corporation or an unincorporated association that has not a declare under the penalties of perjury that I am authorized to sign the application including the accompanying schedules and attachm	y adoption of the docum t yet adopted bylaws, cl	ent by more than one person. Also include a copy meck here

Part II. Activities and Operational Information (Must be completed by all applicants)

Provide a detailed narrative description of all the activities of the organization—past, present, and planned. Do not merely refer to or repeat the language in the organizational document. List each activity separately in the order of importance based on the relative time and other resources devoted to the activity. Indicate the percentage of time for each activity. Each description should include, as a minimum, the following: (a) a detailed description of the activity including its purpose and how each activity furthers your exempt purpose; (b) when the activity was or will be initiated; and (c) where and by whom the activity will be conducted.

TO CARRY ON PROGRAMS TO PERPETUATE THE MEMORY OF DELEASED MEMBERS OF THE 38TH OFFICER CANDIDATE COURSE AND OR 13ASK CLASS 3-44 OF THE UNITED STATES MARINE CORPS.

TO COMPORT THE SURVIVORS OF THOSE DECEASED MEMBERS

TO PROVIDE SOCIAL, RECREATIONAL AND EDUCATIONAL ACTIVITIES AND PROGRAMS FOR ITS MEMBERS.

TO SUPPORT THE CHARITABLE ACTIVITIES OF THE
UNITED STATES MARINE CORPS AND THOSE ORGANIZATIONS
ACTING IN ITS NAME.

TO SUPPORT AND ENHANCE THE DEVELOPMENT OF ORAL,
VIDEOGRAPHIC, FILM AND WRITTEN HISTORIES OF THE
CONFLICT IN VIETNAM AND PARTICULARLY OF THE ACTIVITIES
OF THE DREANIZATIONS MEMBERS IN THAT CONFLICT.

TO SUPPORT AND ENHANCE EDUCATIONAL AND RESEARCH PROGRAMS REGARDING AGENT ORANGE.

ANNUAL DUES OF MEMBERS; UNEXPENDED PORTION OF
RESISTRATION FEES COLLECTED FOR SOCIAL AND RECREATIONAL
ACTIVITIES OF THE ORGANIZATION; DONATIONS.

² List the organization's present and future sources of financial support, beginning with the largest source first.

Part II. Activities and Operational Information (continued)

- 3 Give the following information about the organization's governing body:
- a Names, addresses, and titles of officers, directors, trustees, etc.

b Annual compensation

SEE INCLUDED PAGE SA

No OFFICER,
DIRECTOR, OR
OTHER PERSON
15 COMPENSATES
IN ANY WAY.

4 If the organization is the outgrowth or continuation of any form of predecessor, state the name of each predecessor, the period during which it was in existence, and the reasons for its termination. Submit copies of all papers by which any transfer of assets was effected.

NA

5 If the applicant organization is now, or plans to be, connected in any way with any other organization, describe the other organization and explain the relationship (e.g., financial support on a continuing basis; shared facilities or employees; same officers, directors, or trustees).

N/A

If the organization has capital stock issued and outstanding, state: (1) class or classes of the stock; (2) number and par value of the shares; (3) consideration for which they were issued; and (4) if any dividends have been paid or whether your organization's creating instrument authorizes dividend payments on any class of capital stock.

N/A

7 State the qualifications necessary for membership in the organization; the classes of membership (with the number of members in each class); and the voting rights and privileges received. If any group or class of persons is required to join, describe the requirement and explain the relationship between those members and members who join voluntarily. Submit copies of any membership solicitation material. Attach sample copies of all types of membership certificates issued.

THERE SHALL BE ONE CLASS OF MEMBER CONSISTING OF MEMBERS OF THE 38TH OFFICER CANDIDATE COURSE AND/OR BASIC CLASS 8-LL OF THE UNITED STATES MARINE CORPS AND SUCH ADDITIONAL MEMBERS AS MAY BE ELECTED FROM TIME TO TIME.

8 Explain how your organization's assets will be distributed on dissolution.

AFTER PAYMENT OF ALL OF THE LIABILITIES OF THE CORPORATION) OR DUE PROVISION THEREOF, ALL OF THE ASSETS OF THE CORPORATION SAALL BE DISPOSED OF TO ONE OR HORE INSTITUTIONS OR ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501 (c)(2) OF THE INTERNAL REVENUE CODE WITHIN THE COMMON-WEALTH OR PARSSACHUSETTS WITH AS NEARLY AS POSSIBLE THE SAME PURPOSES

Form 1024 Included Page 3a

	<u>NAME</u>	RESIDENTIAL ADDRESS	POST OFFICE ADDRESS
President:	John F. Sheehan	98 Clarke Street	Jamestown, Rhode Island 02835
Vice-President:	James B. Conklin	8420 Bay Point Drive	Las Vegas, Nevada 89128
Treasurer:	Walter H. Flynn, Jr.	9 Regina Road	Weymouth, Massachusetts 02188
Secretary (Clerk):	David F. Wall	87 Panorama Lane	Hebron, New Hampshire 03241
Sergeant-at-Arms:	Edward M. StClair	12138 Eastglen Street	San Diego, California 92131
Director:	Andrew J. Blenkle	26661 Cuenca Drive	Mission Viejo, CA 92691
Director:	Stephen G. Bowen	424 Cornwall Bridge Road	Sharon, CT 06069
Director:	John J. David	1107 South Old Wilke Road #408	Arlington Heights, IL 60005
Director:	David L. Mellon	23976 Broadhorn Drive	Laguna Niguel, CA 92677
Director:	Lonnie M. Myers	66900 Hunter Road	Summerville, OR 97876
Director:	Allan H. Stefl	6367 Ramirez Mesa Drive	Malibu. CA 90265
Director:	Alfred M. Tripp	200 South Blake Road	Norfolk, VA 23505

9	Has the organization made or does it plan to make any distribution of its property or surplus funds to shareholders or	_		
	members?	∐ Yes	X	No
10	Does, or will, any part of your organization's receipts represent payments for services performed or to be performed? . If "Yes," state in detail the amount received and the character of the services performed or to be performed.	☐ Yes	X	No
1	Has the organization made, or does it plan to make, any payments to members or shareholders for services performed or to be performed?	☐ Yes	×	No
2	Does the organization have any arrangement to provide insurance for members, their dependents, or others (including provisions for the payment of sick or death benefits, pensions, or annuities)?	☐ Yes	X	No
3	Is the organization under the supervisory jurisdiction of any public regulatory body, such as a social welfare agency, etc.?	☐ Yes	×	No
4	Does the organization now lease or does it plan to lease any property?	☐ Yes	X	No
5	Has the organization spent or does it plan to spend any money attempting to influence the selection, nomination, election, or appointment of any person to any Federal, state, or local public office or to an office in a political organization? If "Yes," explain in detail and list the amounts spent or to be spent in each case.	Yes	X	No
6	Does the organization publish pamphlets, brochures, newsletters, journals, or similar printed material?	☐ Yes	X	No

Part III. Financial Data (Must be completed by all applicants)

Complete the financial statements for the current year and for each of the 3 years immediately before it. If in existence less than 4 years, complete the statements for each year in existence. If in existence less than 1 year, also provide proposed budgets for the 2 years following the current year.

	A. Stater	nent of R	even	ue an	d Ex	pen	ses							
		(a) Current Ta			r Tax \			pose	d Bud	get f	or N	ext 2	Years	
	Revenue	From //// To 9/14/	04	7/1 (b)/2/	3110	9	(c)			6	d)			(e) Total
1	Gross dues and assessments of members	2680	00	7	35	00				1	•			
2	Gross contributions, gifts, etc.		•							Ť				
3	Gross amounts derived from activities related to							_		\top				
J	the organization's exempt purpose (attach											-		
	schedule) (Include related cost of sales on line 9.)													•
4	Gross amounts from unrelated business activities (attach schedule)									+				
5	Gain from sale of assets, excluding inventory items	~									•			
Ĭ	(attach schedule)													
6	Investment income (see page 3 of the instructions)	8	37		26.	20				1	-			
7	Other revenue (attach schedule)			9	95	23				7				
8	Total revenue (add lines 1 through 7)	2488	.37	17.	54.	48				\top				
	Expenses							•		1				· · · · · · · · · · · · · · · · · · ·
9	Expenses attributable to activities related to the	ر رسرد	77.4			00								
10	organization's exempt purposes. Expenses attributable to unrelated business activities	1561.	10		•				-	+-				
11	Contributions, gifts, grants, and similar amounts									1				
12	paid (attach schedule). Disbursements to or for the benefit of members (attach schedule)									+				
13	Compensation of officers, directors, and trustees (attach schedule)									+				
14	Other salaries and wages.									+				
15	Interest									+				
16	Occupancy									+				
17	Depreciation and depletion									+				
18	Other expenses (attach schedule)									+				
19	Total expenses (add lines 9 through 18)	1561	20			00				+				
20	Excess of revenue over expenses (line 8 minus	1126		17:										
	line 19)				•		la -							
	D. Dalance 311	eet jat un	e em	u OI U	ie pe	HOU) SH	JVVII	<u>!</u>				Curr	rent Tax Year
		Assets											as c	of
1	Cash										_		1	2883.10
2	Accounts receivable, net												2	_
3	Inventories												3	
4	Bonds and notes receivable (attach schedule)												4	
5	Corporate stocks (attach schedule)												5	
6	Mortgage loans (attach schedule)												6	
7	Other investments (attach schedule)												7	
8	Depreciable and depletable assets (attach schedule)												8	
9	Land												9	
10	Other assets (attach schedule)												10	
11	Total assets											•	11	2883.10
	L	iabilities												
12	Accounts payable												12	
13	Contributions, gifts, grants, etc., payable												13	
14	Mortgages and notes payable (attach schedule)												14	
15	Other liabilities (attach schedule)												15	
16	Total liabilities											•	16	
	Fund Bala													
17	Total fund balances or net assets	o <i>l</i> odd 15 4		 lim - 4 ***			· ·						17	00
18													18	ar

Forn	1 1024 (Rev. 9-98)	Pi	ag
Sc		Organizations described in section 501(c)(19)—A post or organization of past or present members of the Armed Forces of the United States, auxiliary units or societies for such a post or organization, and trusts or foundations formed for the benefit of such posts or organizations.	3
1	To be complet	ted by a post or organization of past or present members of the Armed Forces of the United States.	_

1	To be completed by a post or organization of past or present members of the Armed Forces of the United States.		
а	Total membership of the post or organization	488	}
b	Number of members who are present or former members of the U.S. Armed Forces	488	•
С	Number of members who are cadets (include students in college or university ROTC programs or at armed services		_
	academies only), or spouses, widows, or widowers of cadets or past or present members of the U.S. Armed Forces .)
d	Does the organization have a membership category other than the ones set out above?	☐ Yes 🔀 No)
	If "Yes," please explain in full. Enter number of members in this category		_
е	If you wish to apply for a determination that contributions to your organization are deductible by donors, enter the number of members from line 1b who are war veterans, as defined below.	488	?
	or monitors from the 15 who are wall vetalans, as defined below,		-
	A war veteran is a person who served in the Armed Forces of the United States during the following periods of war: April 21, 1898, through July 4, 1902; April 6, 1917, through November 11, 1918; December 7, 1941, through December 31, 1946; June 27, 1950, through January 31, 1955; and August 5, 1964, through May 7, 1975.		
2	To be completed by an auxiliary unit or society of a post or organization of past or present members of the Armed Forces of the United States.		_
а	Is the organization affiliated with and organized according to the bylaws and regulations formulated by such an exempt		
	post or organization?	L Yes L No	,
	1 1057 Submit a copy of Such Sylusia of Togulations.		
b	How many members does your organization have? ,		_
C	How many are themselves past or present members of the Armed Forces of the United States, or are their spouses, or persons related to them within two degrees of blood relationship? (Grandparents, brothers, sisters, and grandchildren		
	are the most distant relationships allowable.)	L	_
d	Are all of the members themselves members of a post or organization, past or present members of the Armed Forces		
	of the United States, spouses of members of such a post or organization, or related to members of such a post or organization within two degrees of blood relationship?	☐ Yes ☐ No	
			_
3	To be completed by a trust or foundation organized for the benefit of an exempt post or organization of past or present members of the Armed Forces of the United States.		
a	Will the corpus or income be used solely for the funding of such an exempt organization (including necessary related		
	expenses)?	☐ Yes ☐ No)
	If "No," please explain.		
b	If the trust or foundation is formed for charitable purposes, does the organizational document contain a proper dissolution		
	provision as described in section 1.501(c)(3)-1(b)(4) of the Income Tax Regulations?	☐ Yes ☐ No)